Response Time Standard

Emergency Services Committee
April 21, 2021

2019-2027 Strategic Plan Priorities

Response Time Standard

Background:

- Effective January 1, 2013 the MOHLTC established a mandatory regulation for Response Time Standards
- Municipalities are responsible to establish a Response Time Standard plan as set out in Regulation 257/00 under the Ambulance Act
- Response Time Standard is defined from the time a call for emergency ambulance is received until arrival of an ambulance or qualified first responder on scene.
- City Council is responsible to approve response time targets on six (6) call severity categories for our municipality

Response Time Standard
Call Severity Categories

Canadian Triage Acuity Scale (CTAS)

- The response time standards utilize the Canadian Triage Acuity Scale
- CTAS is a medically proven triage tool currently utilized by all hospitals and paramedics in Ontario

Reportable Call Criteria:

- Sudden Cardiac Arrest (SCA) within six minutes
- CTAS 1 within eight
- CTAS 2,3,4 and 5 within the response time targets set by the upper-tier municipality

Key Aspects of the Regulations

- Multiple response time targets based on medically relevant categories
- Each service can have more than one plan
- The targets of time and percentile performance can be maintained or modified throughout the year at the discretion of council

The timelines for submission and reporting:

- October 31 of each year report to the MOHLTC the response time standards for the upcoming year
- By March 31 of each year, file the previous year's response time actuals with the MOHLTC

Response Time Standard 2021

Level of Acuity	Time	Percentage
Sudden Cardiac Arrest	6 minutes (set by MOHLTC)	70%
CTAS 1	8 Minutes (set by MOHLTC)	80%
CTAS 2	10 Minutes	85%
CTAS 3	15 Minutes	85%
CTAS 4	15 Minutes	85%
CTAS 5	15 Minutes	85%

Response Time Standards: 2017 to 2020

Level of Acuity	Types of Call	Approved RTS%	% RTS 2017	% RTS 2018	% RTS 2019	% RTS 2020
Sudden Cardiac Arrest	Patient has no vital signs	70%	73%	70%	58%	60%
CTAS 1	Critically ill or have potential for rapid deterioration	80%	80%	79%	76%	80%
CTAS 2	Potential to life, limb, or function, requiring rapid medical intervention, controlled acts	85%	88%	86%	88%	86%
CTAS 3	May progress to serious problem. Associated with significant discomfort or affecting ability to function.	85%	97%	97%	97%	96%
CTAS 4	Conditions that would benefit from intervention or reassurance	85%	98%	98%	97%	97%
CTAS 5	Non urgent, chronic, without evidence of deterioration	85%	97%	98%	98%	97%

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Comparison to Other Services

Level of Acuity	Type of Call	CGS Approved RTS	Hamilton Approved RTS	York Approved RTS	Waterloo Approved RTS
Sudden Cardiac Arrest	Patient has no vital signs (6 minutes)	70%	75%	60%	50%
CTAS 1	Critically ill or have potential for rapid deterioration (8 minutes)	80%	75%	75%	70%
CTAS 2	Potential to life, limb, or function, requiring rapid medical intervention, controlled acts	10 min 85%	10 min 75%	10 min 80%	10 min 80%
CTAS 3	May progress to serious problem. Associated with significant discomfort or affecting ability to function.	15 min 85%	15 min 75%	15 min 90%	11 min 80%
CTAS 4	Conditions that would benefit from intervention or reassurance	15 min 85%	20 min 75%	20 min 90%	12 min 80%
CTAS 5	Non urgent, chronic, without evidence of deterioration	15 min 85%	25 min 75%	25 min 90%	12 min 80%

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Response Time Standard Strategies

- Review call volume trends
- Review deployment strategies to meet evolving demands
- Continue to review medical tiered response protocol with Fire Services
- Evaluate the local public access defibrillation program
- Participating in the ORH project

Conclusion

- Paramedic Services has submitted our Response Time Standard for 2020 to the MOHLTC
- Evaluate system performance
- Analyze our Response Time Standard plan
- Pursue opportunities to meet the Response Time Standard percentages
- Continue to update Emergency Services Committee on Response Time Standard reporting

Questions?